

215040907
62926

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

3	Total Number of Vehicles	Local No./ District 140	Agency Case No. B5-093138	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 10/06/2015		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1545	POLICE NOTIFIED 1548	10/06/2015
B	75	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. Hwy 34	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	1	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO. 34
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
V1/M	14	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V2/M	01	MILES		N S E W	AND MILES	OF NEAREST CITY OR TOWN
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
F	1	VEHICLE NO. 1				
V1/N	1	DRIVER LICENSE NO.	V00137402	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V2/N	1	DRIVER RICHARD D HARIG	PHONE 402-405-6478	LOCAL NO.		
G	4	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	12/18/1972	V1/1 18
H	3	OWNER Richard d HARIG / Lindv Haria	PHONE 402-405-6478	LOCAL NO.	V1/2	
V1/O	1	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB482250	V1/3
V2/O	1	LICENSE PLATE TE NO. TWC633	YEAR 2016	STATE (Of Plate) NE	V1/4	
I	1	VEHICLE 1988	MAKE GMC	MODEL GMT-400	BODY STYLE Pickup truck	COLOR tan
V1/P	1	VEHICLE ID NO. (V1/N)	1GTFC24K2JZ554565	INSURANCE COMPANY	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 800	
V2/P	1	TOWED TO	TOWED BY	POLICY NO.	903519592	
J	01	VEHICLE NO. 2				V1/5 18
V1/Q	4	DRIVER LICENSE NO.	H12961184	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V2/Q	4	DRIVER GRACE A TREVETT	PHONE 4022092483	LOCAL NO.	V2/1 18	
K	01	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	06/18/1987	V2/2 18
L	01	OWNER WAYNE TREVETT	PHONE 402-209-2483	LOCAL NO.	V2/3 18	
M	01	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.	V2/4 18
N	01	LICENSE PLATE PA NO. TST744	YEAR 2015	STATE (Of Plate) NE	V2/5 18	
O	01	VEHICLE 2014	MAKE Jeep	MODEL Patriot	BODY STYLE Medium/large	COLOR silver / chrome
P	01	VEHICLE ID NO. (V1/N)	1C4NJRFB8ED905036	INSURANCE COMPANY	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1200	
Q	01	TOWED TO	TOWED BY	POLICY NO.	095302072	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. #	NAME	ADDRESS			1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS			5 Trans.	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

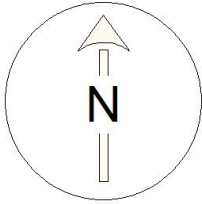
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-093138



Indicate
North
by Arrow

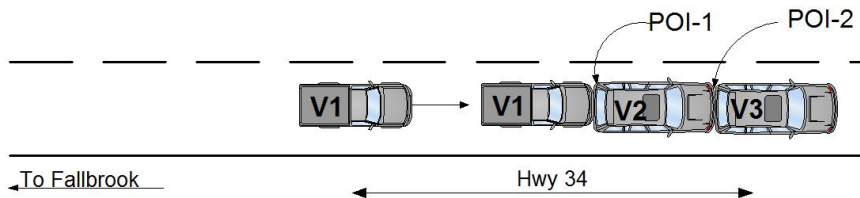


POI unknown

All vehicles moved prior to investigation

No skids

Not To Scale



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 reports that he was EB on Hwy 34 from Fallbrook to W.Fletcher stopped in traffic behind V2 and V3. D1 stated that he observed V2 to take her foot off of the brake. D1 stated that he proceeded forward at 5-10 mph not observing that V2 was not actually moving forward. V1 struck V2. D2 stated that she was stopped in traffic EB on Hwy 34 between V1 and V3. D2 stated that V1 struck her vehicle from behind which pushed her vehicle into V3. D3 stated that he was stopped on Hwy 34 EB in traffic. D3 stated that his vehicle was struck from behind by V2. D3 stated that he felt only one collision.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS														
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2																			
1			X		Hwy 34				5		2		<table border="1" style="width:100%; text-align: center;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>N</td> <td>X</td> <td>N</td> <td>X</td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y	Y	N	X	N	X
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																							
Y		Y	Y																							
N	X	N	X																							
2			X		Hwy 34																					
1	01	06 Turning left			POINT OF IMPACT	01	POINT OF IMPACT	05	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		<table border="1" style="width:100%; text-align: center;"> <tr> <th>ALCOHOL/ DRUGS SUSPECTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> </tr> </table>		ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2	1	1	1						
ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2																								
1	1	1																								
2	11	08 Entering traffic lane			MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9		1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown															
				01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown		00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other																				

OFFICER NO. 1471	TROOP/ TEAM/ BEAT SE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) James Quandt		INVESTIGATOR SIGNATURE Approved by Ofc James Quandt	DATE OF REPORT 10/06/2015

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B5-093138

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1471		TROOP/ TEAM/ BEAT SE		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) James Quandt			INVESTIGATOR SIGNATURE Approved by Ofc James Quandt		DATE OF REPORT 10/06/2015